

 Good Life. Great Mission. DEPT OF CORRECTIONAL SERVICES	POLICY		
	CASE MANAGEMENT SERVICES		
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SUMMARY OF REVISION/REVIEW

New Policy format throughout including changing “inmate” to “incarcerated individual”, “institution” to “facility”, and “PROCEDURE” to “PROCESS”. PROCESS – I.B.1. – Language updated. I.B.2. – Section deleted.

APPROVED:



 Diane Sabatka-Rine, Interim Director
 Nebraska Department of Correctional Services

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PURPOSE

To establish policy for effective case management of incarcerated individuals committed to the Nebraska Department of Correctional Services (NDCS) to ensure placement in the least restrictive, safe environment while addressing program needs.

Effective case management is a key strategy to reduce recidivism and facilitate successful reentry. Case management services are available to all incarcerated individuals and include face-to-face contact with unit management staff who ensure timely completion of assessments, classification actions, case plans, non-clinical programming and required clinical treatment programs. Case management services ensure individuals are preparing themselves for release upon admission and throughout their incarceration.

NDCS case management services utilize the National Institute of Corrections (NIC) eight principles of effective intervention, which are emphasized throughout this policy. Each facility, consistent with its function and the nature of its incarcerated individual population, shall implement this policy and develop procedures as needed.

PROCESS

I. INITIAL RISK/NEEDS/RESPONSIVITY (RNR) ASSESSMENT

The first principle of effective intervention requires an actuarial assessment of a person's risk to reoffend and the needs which, if met, may reduce that risk. Additionally, the assessment looks at the individual's responsivity to intervention. NDCS utilizes the Static Risk and Offender Needs Guide – Revised (STRONG-R) to assess risk, needs and responsivity.

A. Criminal Conviction Record (CCR)

A primary factor in determining risk is a person's criminal history. The information shall be entered in the Criminal Conviction Record (CCR) in NICaMS. Relevant information can be obtained from the National Criminal Information Center (NCIC), the Nebraska Criminal Justice Information System (NCJIS), the pre-sentence investigation (PSI) and/or court records.

The CCR will be entered by the case manager of the reception/intake facility. If additions or modifications to the CCR are necessary during an individual's incarceration, team members will notify the facility records team members. Facility records staff will confirm the changes are necessary and update the entry in NICaMS accordingly.

If it becomes necessary to delete an entry from the CCR team members may notify the non-clinical program manager or classification administrator who will confirm the change and update the CCR in NICaMS accordingly.

B. Initial Assessment

1. Initial assessments shall be administered within 45 days of admission to NDCS, except in cases where the individuals tentative release date (TRD) is within six months of admission and is not eligible for parole. The case manager will use the STRONG-R Interview Guide to conduct an interview and complete the STRONG-R assessment. The case manager will convey to the individual that the purpose of the interview is to determine the needs of the individual with the ultimate goal of identifying strategies to address the needs and provide for increased quality of life

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and greater likelihood of successful reentry. Risk should not be addressed directly with the individual, nor should the identified risk level be shared with the individual. All documents associated with the RNR are confidential and may not be shared with the incarcerated individual; sharing this information is counter-productive to rehabilitation.

2. The initial assessment will be used to inform the person's case plan and recommendations for non-clinical programming.

C. Reassessments

1. Risk to reoffend is primarily determined by criminal history, which is static. As such, the risk will not change significantly over time. While the level of need in a particular domain may change as a result of completing a program, it is unlikely to be statistically significant and is, therefore, not sufficient to reassess. Reassessments serve to inform the board of parole as to the level of supervision or special conditions that may be necessary. In addition, the reassessment will provide a measurement of change over time that may be linked to recommendations and completion of programming and clinical treatment. The reassessment data will be used for recidivism tracking.
2. Reassessments will occur within six months of a scheduled parole hearing, or TRD and will be completed by a reentry specialist. The team members will convey the need to reassess the person's needs in order to assist them in developing a comprehensive reentry plan based on the identified needs. As with the initial assessment, risk should not be addressed directly with the individual.

II. PAROLE BOARD GUIDELINES

- A. Parole board guidelines shall be completed prior to each hearing or key review. The due date for a key review is the 15th of the month preceding the review. The due date for a hearing is the 30th of the month preceding the hearing.

A key review is defined as a parole review in which the incarcerated individual is already eligible for parole or will become eligible for parole within the next 25 months and therefore, may be set for a parole hearing.

- B. The Parole board guidelines consider the following:
1. Severity of the incarcerated individual's current offense: the offense severity score specifically acknowledges the instant offense and makes the decision standard slightly higher for violent and sex offenses.
 2. Completion of core risk reducing treatment programs: reflects the status of incarcerated individuals' engagement in violent offender treatment, residential substance use treatment and sex offender treatment.
 3. Prison behavior: provides the parole board with information about guilty misconduct reports the incarcerated individual received within the most recent six months.

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III. CASE PLAN

Each incarcerated individual shall have an individualized case plan created collaboratively with the person's case manager. The case plan includes identification of RNR criminogenic needs domains and related goals, identification of needs and plans to address programming (work/education, academic/vocational, mental health, substance use, non-clinical programs), identification of strengths and barriers, and reentry goals. Throughout incarceration, individuals are encouraged to prepare for release. Case managers may add reentry goals and action steps that may be completed before or after release. As an individual nears release, reentry specialists will update the plan to include reentry goals and action steps.

A. Timelines and Documentation

1. A person's first case plan shall be completed within 60 days of transfer from a reception facility. Individuals assigned directly to a community corrections center will have their first case plan completed within 14 days. (ACRS-5A-03)
2. Within 60 days of transfer from one non-reception facility to another and in conjunction with the person's custody classification review, the assigned case manager will review the existing case plan with the incarcerated individual and make any adjustments necessary. Said review will be documented in contact notes, whether or not changes were made. The case plan will be included with the classification packet (paper or electronically) for review of programming needs as custody classification decisions are made. (ACRS-5A-04)
3. Case plans must be updated when programs are completed or changes have been made to program recommendations. Changes to the case plan may be made at any time to account for the increased or decreased abilities of the incarcerated individual, the availability of any program, and/or as a result of any identified challenge the incarcerated individual may be experiencing that programming may be available to address. (ACRS-5A-04)
4. If an incarcerated individual refuses to participate in the development of the case plan, the refusal will be documented in contact notes, to include staff efforts to involve the incarcerated individual and the incarcerated individual's response. Disciplinary action may not be imposed upon any incarcerated individual solely because of the incarcerated individual's failure to comply with the case plan. However, the incarcerated individual shall be informed that such failure may be considered by the board of parole in its deliberation on whether or not to grant parole to an incarcerated individual.
5. The board of parole may consider all programs listed on the case plan and unit staff shall consider the realistic ability of the individual to complete the program before adding a program to the case plan. If there is the likelihood a program cannot be completed by the person's PED, the referral shall be made; however, should not be designated as mandatory on the case plan, nor considered "mandatory" when completing the parole board guidelines.
6. The case manager/designee will review the finalized case plan with the incarcerated individual and provide a copy to the incarcerated individual. The team members and the incarcerated individual will sign and date the case plan form. If

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the incarcerated individual refuses to sign the form, the team members will note such and continue the process.

B. Development and Content

1. Before meeting with the individual to develop the case plan, the case manager will review the classification study, the completed STRONG-R, and the pre-sentence investigation, if one is available.
2. The case manager and the incarcerated individual will review the assessed needs in order to identify goals during and following incarceration. Goals will vary by individual according to the person's elevated needs domains as indicated by the RNR. Case plans should be developmentally appropriate for the individual, considering things such as intellectual abilities, physical, and mental functioning as well as language barriers and maturity. (ACI-1B-15)
3. The case plan shall describe the specific steps the incarcerated individual will take to achieve the identified goals, which may include required programming. Steps shall have realistic schedules, clearly identifying expected completion dates based on the person's parole eligibility date.
4. The comprehensive Reentry Plan will be incorporated into the case plan in the 'other goals and actions' section with assistance from a reentry specialist.

IV. CONTACT NOTES

Each incarcerated individual shall have at least two documented contacts per month. The contacts shall include a description of the type of contact and any specific information discussed regarding the incarcerated individual's case plan, RNR, programming, clinical needs, family support, institutional behavior or other relevant concerns. Case managers are responsible for ensuring the two contacts per month are documented for each incarcerated individual on their caseloads.

REFERENCE

- I. STATUTORY REFERENCE AND OTHER AUTHORITY – None noted
- II. NDCS POLICIES – None noted
- III. ATTACHMENTS – None noted
- IV. AMERICAN CORRECTIONAL ASSOCIATION (ACA)
 - A. Expected Practices for Adult Correctional Institutions (ACI) (5th Edition): 5-ACI-1B-15
 - B. Standards for Adult Community Residential Services (ACRS) (4th Edition): 4-ACRS-5A-03, 4-ACRS-5A-04